

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/575,634

FILING DATE

4-11-06

APPLICANT(S)

6-30-06 CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2			1		2	
3			1			
4			1			
5			1			
6			3			
7			6			
8			1			
9			1			
10			6			
11			1			
12			1			
13			1			
14			2			
15			6			
16			8			
17			8			
18			8			
19			8			
20			6			
21			6			
22			6			
23			7			
24			1			
25			1			
26			1			
27			1			
28			1			
29			4			
30			1			
31			1			
32			1			
33			1			
34			1			
35			1			
36			2		2	
37					1	
38					1	
39					1	
40					1	
41					1	
42					1	
43					1	
44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.			3			
TOTAL DEP.			39			
TOTAL CLAIMS			42			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60					1	
61					1	
62					1	
63					1	
64					1	
65					1	
66					1	
67					1	
68					1	
69					1	
70					1	
71					1	
72					1	
73					1	
74					1	
75					1	
76					1	
77					1	
78					1	
79					1	
80					1	
81					1	
82					1	
83					1	
84					1	
85					1	
86					1	
87					1	
88					1	
89					1	
90					1	
91					1	
92					1	
93					1	
94					1	
95					1	
96					1	
97					1	
98					1	
99					1	
100					1	
TOTAL IND.			4			
TOTAL DEP.			36			
TOTAL CLAIMS			40			